ELECTIONEERING COMMUNICATIONS ORGANIZATION

STATEMENT OF ORGANIZATION

(PLEASE TYPE)

DEC 26 2014

OFFICE USE ONLY

						OFFICE USE ONLY				
1. Full Name of Organization					Telephone					
	Beach Advisory	cil	il 850-567-487							
Mailing Address (include city, state and zip code) Post Office Box 1701, Tallahassee, FL 32302-1701										
Street Address (include city, state and zip code) 2618 Centennial Place, Tallahassee, FL 32308										
2. Affiliated or Connected Organizations										
Name of Affiliated or Connected Organization	Name of Affiliated or Connected Organization Mailing		Address			Relationship				
None										
The state of the s		tanta a tanta	· ii			and the second of the second o				
3. Area, Scope and Jurisdiction of the Organization To engage in electioneering communications regarding candidates in Miami Beach.										
4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization										
Full Name	Ma	ailing Address	Street Address		S	Title or Position				
Mark Herron	Tallah	Office Box 1701 assee, FL 2-1701	Plac	2618 Centennial Place, Tallahassee, FL 32308		Treasurer				
5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.) As a newly created organization during the current calendar quarter.										
✓ As a newly created organi From an organization exis										

6. List By Name, Mailing a deputy treasurer, if any. It	nd Street Address, & Positionclude the top-ranking office	n, Other Pi r's (e.g., cl	rincipal Officers nairperson) nam	, includin e and inf	g the treasurer and ormation.	
Full Name	Mailing Address	Stre	Street Address		Title or Position	
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302	2-1701	2618 Centeni Place, Tallaha FL 32308		Chairman & Treasurer	
Residual funds will be c	ion, What Disposition will be ontribution to an IRC 501	(c) organi	zation or an IF	RC 527 (
Name of Ban	Mailing Address					
SunTrust Bank	3522 Thomasville Road Tallahassee, FL 32309					
9. List All Reports Require & Positions of Such Off	ed to be Filed by this Organiz ficials, If Any	ation with	Federal Official	s, & the N	lames, Addresses,	
Report Title	Dates Required to be Filed	Name &	Position of Officia	1	Mailing Address	
RS Form 8871 IRS Form 1120-POL IRS Form 990	Upon Creation March 15 Annually May 15 Annually	IRS		Ogde	en, UT 84201	
STATE OF Florida		gad esta communication	Leon		COUNTY	
ı, Mark Herron	· .	, c	ertify that the info	ormation in	n this Statement of	
Organization is complete, tru	ue, and correct.		40 D		004.4	
Signature of Top-rankir	tion	19 December 2014 Date				